

How Aurabox solves the problem of fragmented medical imaging

Treating doctors often cannot easily access imaging for patients from rural and remote communities, resulting in treatment delays and poor health outcomes.

Poor access to medical imaging leads to poor health outcomes

Medicine is subspecialized, and it is not uncommon for a single patient to have a care team of multiple doctors looking after them. It is imperative that doctors within a care team are able to share patient information efficiently so they can collaborate and optimise patient outcomes. Medical imaging is critical patient information that needs to be shared in order to diagnose, manage and monitor patients.

This process is currently very difficult because medical imaging practices use different systems that do not communicate. This means that imaging for a single patient that is performed at multiple imaging practices cannot be accessed in one place. Currently, doctors are required to access multiple disparate platforms or portable storage devices which is inefficient and potentially inaccurate.

Even more challenging in regional areas

Australians living in rural and remote areas have poorer health outcomes than those who live in major cities (1). The Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) and the Australian College of Rural and Remote Medicine (ACRRM)

report that poor access to medical imaging services contributes to poorer health outcomes in rural and remote communities (2).

A lack of equipment and technical expertise in rural and remote Australia means that patients from these communities are often required to travel and attend multiple imaging practices in order to obtain necessary medical imaging. Because their imaging is stored separately by individual imaging practices, their imaging cannot be easily accessed by their doctors in one place, and this causes treatment delay.

At times, imaging is repeated simply because it cannot be accessed, causing further treatment delay, possible unnecessary radiation exposure, and potential out of pocket costs for patients (2, 3). The inability to access historic imaging for comparison can result in diagnostic inaccuracy which can also contribute to poor health outcomes (2).

Solving the imaging challenge with Aurabox

Aurabox is a patient-centric, cloud-based medical imaging platform which allows a patient's entire medical imaging history to be managed in one place thus solving problems caused by fragmented storage of imaging. Aurabox allows doctors to

efficiently assess patients by providing a single point of access to complete imaging histories within unique patient profiles.

The Aurabox platform allows patient profiles to be easily shared between different members of a care team allowing efficient collaboration and sharing of knowledge. This facilitates best practice and improves patient outcomes.

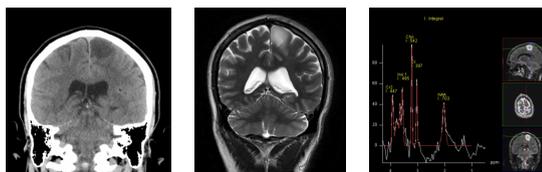
Case Study: Brain cancer patient, regional NSW

A 38 y.o. male from the NSW South Coast had a seizure. He had a CT scan at Shoalhaven Hospital and was transferred to the Wollongong Hospital for an MRI.

A Neurosurgeon required MRI spectroscopy to be performed prior to surgery, however, the nearest facility that could offer this was Macquarie Medical Imaging in Sydney.

When he arrived for treatment in Canberra, his Neurosurgeon could not access imaging from the practices that he attended in NSW.

The patient's imaging was copied to USB sticks and posted to the Canberra Hospital which took over one week to arrive, resulting in treatment delay.



Prior to surgery, this patient was enrolled in an Aurabox pilot study being conducted at the Canberra Region Cancer Centre. A unique patient profile was created on the platform and all of his imaging was uploaded and stored.



As a result, his care team of doctors had complete, immediate access to his entire imaging history in a single location. This allowed side-by-side comparison of pre and post-treatment imaging performed at different imaging practices which assisted treatment monitoring and clinical decision making.

References

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